

## REVIEW OF THE PERMANENCY PLAN

Case Name		eWiSACWIS Case Number	
Date of This Review		Name – Worker Completing Documentation of Review	
Date of most recent previous Permanency Plan Review or Hearing (whichever was later) (mm/dd/yyyy)		Due date for next plan review or Permanency Plan hearing (whichever is to occur first) (mm/dd/yyyy)	
Court Number	Branch Number	Name – Judge	

### Child

Name (Last, First, MI)		Birthdate	Age
Address (Street, City, State, Zip Code)		Telephone Number	

### Mother ☐ Unknown ☐ Deceased

Name (Last, First, MI) Status: <input type="checkbox"/> Birth <input type="checkbox"/> Adoptive		Birthdate
Address (Street, City, State, Zip Code)		Telephone Number

### Marital Status ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Spouse – Spouse

Name (Last, First, MI)		Birthdate
Address (Street, City, State, Zip Code)		Telephone Number
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		Name – Spouse
Status: <input type="checkbox"/> Adjudicated <input type="checkbox"/> Adoptive <input type="checkbox"/> Alleged <input type="checkbox"/> Presumptive		

### Legal Custodian ☐ Not applicable

Name (Last, First, MI)		Birthdate
Address (Street, City, State, Zip Code)		Telephone Number

### Legal Guardian ☐ Not applicable

Name (Last, First, MI)		Birthdate
Address (Street, City, State, Zip Code)		Telephone Number

### Current Caregiver

Name – Caregiver 1 (Last, First, MI)	Name – Caregiver 2 (Last, First, MI)	Relationship to Child
Address (Street, City, State, Zip Code)		Telephone Number

### Type of Placement

- |  |  |                                 |
|--|--|---------------------------------|
| <input type="checkbox"/> Foster Home           | <input type="checkbox"/> Home of Unlicensed Relative | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Treatment Foster Home | <input type="checkbox"/> Pre-Adoptive Home           |                                 |
| <input type="checkbox"/> Group Home            | <input type="checkbox"/> Residential Care Center     |                                 |

### I. Current Placement Episode

Previous Placements in this Out-of-Home Care Episode			
Name of Placement	Type of Placement	Begin Date	End Date

Date of Removal for this Placement Episode (mm/dd/yyyy)	Length of Time Child Has Been in Current Placement (mm/dd/yyyy)	Length of Time of this Removal Episode (mm/dd/yyyy)
Reason for Removal		

## II. Permanency Plan and Permanence Goal

The permanence goal for this child is:

The concurrent permanence goal for this child is:

## III. Permanency Plan Review

Review was conducted by

☐ Agency Panel

☐ Independent Agency Panel

Indicate the name of each person on the panel and his or her relationship to the agency conducting the panel review (e.g., supervisor, independent person)

Name of Person	Relationship to Agency

Indicate the name of each person in attendance and his or her relationship to the child

☐ Not applicable – no other persons were in attendance

Name of Person	Relationship to Child

## IV. Compliance with Court Order and Permanency Plan

Document the following to which the following is in compliance with the court order and the permanency plan.

A. The child's mother

B. The child's father

C. The child

D. The agency with legal responsibility

E. Other service providers

F. The child's guardian or legal custodian

G. Other identified parties

## V. Progress Towards Eliminating the Causes for the Child's Placement Outside of the Home

Describe the current status of the specific issues that resulted in the child's removal. This may include a more qualitative description of the previous item (e.g., whether a parent's participation in a court-ordered substance abuse treatment program is actually working to reduce the safety threats to the child). This should also include a review of the court-ordered conditions for return.

## VI. The Extent of Efforts to Involve Other Service Providers in Meeting any Special Needs of the Child or the Child's Family

Describe the need for any services, potential service providers, alternatives if needed services are not available or have waiting lists, etc.

## VII. Continuing Need for the Placement Out of the Home

Justify why the child cannot be returned home or placed in an alternative permanent placement, e.g., returning home would be contrary to the welfare of the child, public safety issues remain.

**VIII. The Safety and Appropriateness of the Placement**

Discuss whether this particular placement is safe, whether the child might be better served in a different out-of-home care placement, whether the child is placed in the least restrictive setting possible, whether the needs of the child are being met in this placement, etc.

**IX. If this is the Initial Review, the Appropriateness of Developing a Concurrent Permanence Goal**

Discuss whether there may be a need to develop an alternative permanent goal at the present time or at some time in the near future, what the rationale is for that determination, what circumstances would trigger the development of a concurrent permanence goal, etc.

**X. If This is Not the Initial Review, any Efforts that Should be Made to Implement an Existing Concurrent Permanence Goal**

For example, meeting with the family and the family's informal supports to discuss other alternatives, the availability of relatives or others who might accept guardianship or be willing to adopt, talking with current caregivers (relatives or otherwise) about guardianship and adoption, alerting the WI DHFS of the need for involvement of an adoption consultant, preparing the child for any possible moves or change in legal status.

**XI. Achievement of Goals**

Check one if there is no concurrent plan or two if there is a concurrent plan. Also indicate the date by which it is likely that any of the following will occur.

**Goal****Date (mm/dd/yyyy)**

- ☐ The child will be returned safely to his or her home
- ☐ The child will be placed for adoption or adoption by the current care provider will be initiated
- ☐ The child will be placed with a guardian or guardianship with the current care provider will be established
- ☐ The child will be placed in an alternative placement

**XII. Justification**

If the child has been placed out of his or her home, provide justification for maintaining the current permanency plan and permanent goal and the circumstances which prevent one of the following from occurring: Returning the child safely to his or her home, placing the child in the home of a first and willing relative, requesting a petition for termination of the rights of one or both parents, or placing the child for adoption.

**XIII. Independent Living**

If the child is aged 16 years or older, a description of the programs and services provided to prepare the child to move to independent living and whether those programs and services have been or will be effective. (Note: Attach current independent living plan.)

**XIV. Reasonable or Active Efforts**

Reasonable or, in the case of Indian children, active efforts to achieve the goal(s) of the permanency plan were:  
(Complete one of the following.)

- ☐ made by the department or agency responsible for providing services in the following manner:
- ☐ not made by the department or agency responsible for providing services, as indicated by the following:

**XV. Recommendations**

As a result of the review, were recommendations made that:

- ☐ Yes ☐ No Conflict with the court order?
- ☐ Yes ☐ No Provide for additional services not specified in the court order?
- ☐ Yes ☐ No Otherwise require a modification of the court order or permanency plan?

Note: If any of these questions are answered "Yes", the agency with legal responsibility should request a revision to the court order within 30 days after the date of the review.)

**XVI. Summary Requirements; Timing and Notification**

This written summary is due no later than 30 days after the date of the plan review. Copies of this summary are to be provided to:

- The court that entered the order
- The child or the child's counsel or guardian ad litem
- The person representing the interests of the public
- The child's parent, guardian, and legal custodian
- The child's court-appointed special advocate
- The child's foster parent, treatment foster parent, or the operator of the facility where the child is living